

# MEDI-CAL WAIVER PROGRAM ENROLLMENT/DISENROLLMENT FORM

<b>TO:</b> <span style="border: 1px solid black; padding: 2px 10px;">Waiver Enrollment Coordinator</span>	<b>NAME OF PERSON COMPLETING THIS FORM:</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 40px; vertical-align: middle;"></span>
<b>FAX TO:</b> <span style="border: 1px solid black; padding: 2px 10px;">(916) 449-5860</span>	<b>PHONE:</b> <span style="border: 1px solid black; padding: 2px 10px;">(     )</span>
<b>AGENCY AYD NUMBER:</b> <b>0 0 0</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	

**INSTRUCTIONS:**

**TO ENROLL A CLIENT**

1. Print the name and phone number of the agency person completing this form in the spaces provided. Enter the last three digits of the agency's AYD Number in the space provided above.
2. Complete Section I below and FAX to the enrollment coordinator at the FAX number listed above. The enrollment coordinator will process the enrollment and will call the individual named above to issue a waiver ID number or explain why enrollment cannot be processed.

**TO DISENROLL A CLIENT**

1. Complete Section II on the original enrollment form and FAX to the enrollment coordinator at the FAX number listed above. Client's Social Security Number is required.

## SECTION I – ENROLLMENT INFORMATION

<b>CLIENT'S SOCIAL SECURITY NUMBER</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>			
<b>SEX (M/F)</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<b>DATE OF BIRTH (MM/DD/YYYY)</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<b>ENROLLMENT BEGIN DATE (MM/DD/YYYY)</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	
<b>RC (STATE USE ONLY)</b>			<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">9</span>
<b>LEVEL OF CARE</b> (NOTE: Nursing facility level of care or higher must be certified by the Nurse Case Manager) 1 – Nursing Facility (not hospitalized or prior hospital status unknown) 4 – Acute (hospitalized within current calendar year)			<b>Code</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>
<b>RACE/ETHNICITY</b> 1 – Asian/Pacific Islander      4 – White (non-Hispanic) 2 – Black                              5 – Native American 3 – Hispanic                          6 – Other                              9 - Unknown			<b>Code</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>
<b>NURSE CASE MANAGER</b> (Print First Initial and Last Name) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>		<b>PHONE NUMBER</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	

## SECTION II – DISENROLLMENT INFORMATION

<b>CLIENT'S WAIVER ID NUMBER</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<b>ENROLLMENT END DATE (MM/DD/YYYY)</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	
<b>REASON FOR DISENROLLMENT</b> 01 – Death                              07 – Left Service Area                              11 – Transfer to CMP, Improved Health Status 02 – Annual Client Cap Exceeded      08 – Lost to Follow-Up                              15 – Incarcerated 03 – Lost MediCal Eligibility              09 – Transfer to CMP, Cap Exceeded                              16 – Hospitalized 04 – Improved Health Status              10 – Transfer to CMP, Lost Medi-Cal Elig.                              20 – Non-Compliant Client 06 – Client Choice 13 - Other, Describe <span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px; vertical-align: middle;"></span>		<b>Code</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>
<b>FOR STATE USE ONLY</b>		
<b>Completed By:</b>	<b>Date:</b>	<b>Call Back Date/Time:</b>